



June 23, 2020

Web Announcement 2230

## **Update on Claims for Current Procedural Terminology (CPT) Code 36573**

Update to [Web Announcement 2217](#): Claims for Current Procedural Terminology (CPT) code 36573 (Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, age 5 years or older) that denied in error with edit code 4714 (Age restriction on procedure billing rule) have been automatically reprocessed. The impacted claims had dates of service on or after January 1, 2019, through March 3, 2020. Results of the reprocessed claims appear on remittance advices dated June 26, 2020.

Please note: When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.